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MN013901. Comfort Steams Home, Leaving Solace in Its Wake
Baltimore, Md. - USNS Comfort left New York last weekend, its job of providing a place of respite for rescue and recovery workers at the World Trade Centers complete for the time being.
The staff of the medical treatment facility aboard the ship leave behind a grateful city. They take with them the knowledge that healthcare can mean more than surgeries, broken bones and respiratory problems.
In all, the crew served up 17,132 meals, did 4,426 loads of laundry, put up 11,585 overnight guests, provided space for local massage therapists to ease the muscles of more than 1,350 rescue and recovery workers, and cut the hair on 227 heads.
And yes, they also provided "traditional" healthcare. Sick call treated broken bones, dehydration, exhaustion, respiratory problems, cuts and bruises, and chest pains - 561 medical visits in all.
The Comfort's efforts didn't go unnoticed.
"Your contributions provided significant comfort and respite to many valiant rescue workers and reflected the determined spirit of America," wrote Commander in Chief, U.S. Atlantic Fleet ADM Robert J. Natter in a message to the ship. "Take pride in the knowledge that you accomplished your mission with energy and determination. You performed magnificently in service to your country, the city of New York, and the United States Navy. Bravo Zulu."

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MN013902. Stop Loss To Affect Some NC, MC Members
From the Chief of Naval Personnel Public Affairs
Washington, DC - The Navy will implement its stop-loss Oct. 10 to retain members of the active force and Reservists on active duty who are essential to national security, and might otherwise retire or leave the Navy.
Stop-loss impacts only those Navy members with a separation or retirement date on or after Oct. 10. The specialty areas selected represent the most critical skills needed during the Navy's mobilization effort to

support the nation's war on terrorism.

The Navy's stop-loss policy affects some Navy members in the following specialty areas: special operations, security, cryptology, master-at-arms, SEALs, special warfare, explosive ordnance disposal, linguists, and medical.

Those who might be affected in Navy Medicine include Nurse Corps members with subspecialties in critical care, ER/trauma, perioperative care, certified registered nurse anesthetists, psychology, and family nurse practice. The number of nurses who might be impacted is 54.

Medical Corps members with specialties in general surgery, orthopedics, anesthesia, pulmonary/critical care, and general psychiatry are also included under stop-loss. It may affect up to 36 physicians who planned on leaving or retiring from the Navy.

"We need to ensure our Fleet units are fully manned and ready for national tasking," said VADM Norb Ryan Jr., chief of naval personnel. "Utilizing stop-loss gives us the ability to directly support the CNO's top priority of mission readiness by ensuring we have the right mix of people to successfully respond to any tasking."

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MN013903. Surgeon General Visits Naval Hospital Lemoore

By LT Don Capoldo, Naval Hospital Lemoore

Lemoore, CA - VADM Michael L. Cowan, MC, Navy's Surgeon General, visited Naval Hospital Lemoore earlier this week to share his vision of the future of Navy Medicine.

During an all hands meeting at the hospital, Cowan told the men and women who care for military families in the Lemoore area that there are four key purposes of Navy Medicine:

- To provide a healthy and fit force
- To go with that force in wartime if called upon
- To treat that force and their families alike, because no one is a fit Sailor or Marine if they are worrying about their family back home
- To help a grateful nation show its thanks this nation's warriors of today, yesterday and tomorrow by providing healthcare for life

Together, he said, these will ensure force health protection.

Cowan went on to praise the men and women of Lemoore.

"When you have been around the Navy as long as I have, you can smell a good command," said Cowan. "You can sense a good attitude and good morale in a facility. My impression is that Naval Hospital Lemoore is one of those facilities. This is a special hospital and you should consider it a privilege to be assigned here."

HCMC Mark R. Weldon (SW), BUMED Force Master Chief, is accompanying Cowan on his first official trip since taking over as Navy Surgeon General.

"I get a good feeling when I come here," said Weldon. "It is a pleasure to come here. I feel like I am part of the crew."

Cowan also addressed the importance of readiness during these times when America is readying to take on terrorists world-wide.

"This is what we are here for," said CAPT Christine Bruzek-Kohler, NC, Lemoore's commanding officer. "As the Surgeon General stated, we must be ready to provide healthcare in any setting, at any time we are called to do so. The staff at Naval Hospital Lemoore takes great pride and accepts that responsibility. They are great sailors and healthcare providers, but most of all, they are great citizens of this country."

The Surgeon General also visited Naval Medical Center San Diego.

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MN013904. Scientists to Sea Teaches Navy Life to Researchers

By Doris Ryan, Bureau of Medicine and Surgery

From laboratory to deckplate, Navy Medicine's research supports operational readiness. But not all researchers have their sea legs. The Bureau of Medicine and Surgery's Scientists-to-Sea program helps "land-locked" scientists and technicians experience Navy life at sea.

Dr. Mark E. Cohen, Ph.D., a research statistician at Naval Dental Research Institute at Great Lakes, IL, was one of the scientists who participated. He set sail aboard the USS YORKTOWN (CG-48), a guided missile cruiser that carries the most sophisticated air defense system in the world today, the AEGIS Combat System.

Cohen spent time with the ship's corpsmen and discussed dental issues, but most of his time was spent experiencing shipboard life.

"Spending time on the bridge, watching the ship being navigated, and 'shooting' Polaris with a sextant with the help of a chief were certainly once in a life time experiences," said Cohen. "I toured the missile compartments, watched the firing of the five-inch and Phalanx guns from the bridge, and saw the crew do man-overboard drills."

As a storm approached, Cohen watched the crew assist the Coast Guard rescue four fishermen who were stranded more than 35 miles from shore in a disabled 24-foot open boat.

Cohen, who had never been to sea before, said the experience gave him a new perspective about the Navy and its Sailors.

"I was able to begin to imagine the sacrifices that Sailors make when they leave their families for months at a time. I have a better understanding of not only what a Sailor does, but what a Sailor really is," he said.

CAPT James C. Ragain, DC, NDRI's commanding officer said the Scientists to Sea Program is invaluable to the research being done at the institute.

"The Scientist to Sea Program offers our scientists the opportunity to gain first-hand knowledge of the operational environment," said Ragain.

"The insight they gain by spending a few days at sea is invaluable to us as we develop our research programs. It is imperative that we get out to the Fleet to ascertain the needs of the warfighter, as well as, the requirements of the healthcare providers who support our Sailors and Marines."

For more than 50 years, NDRI researchers have investigated problems related to oral health, disease and injury and developed techniques and products to improve dental and medical care in the Navy.

For more information visit NDRI's website at bumed.med.navy.mil/ndri/.

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MN013905. Academy Clinic Celebrates "Spirit of Freedom"

By JO2 Jennifer L. Wuest, U.S. Naval Academy

Annapolis, Md. - Naval Medical Clinic Annapolis staff and patients came together Sept. 26 to celebrate and help those in need at their multi-cultural committee's "Spirit of Freedom" celebration and fundraiser.

"It's a beautiful day for a party," said LCDR Robin Wilkening, MC, director of the occupational health clinic. "And a perfect opportunity to gather together as co-workers, shipmates and friends to delight in what sets us apart as Americans - the spirit of freedom."

"We freely choose to be at this place at this time - all of us, both civilian and military - dedicated to the support of our country by our commitment to the United States Naval Academy, and we have every reason to be proud of that commitment," Wilkening said.

The idea for the event came up at a committee meeting after the events of Sept. 11. The committee, in conjunction with the clinic's morale, welfare and recreation program, decided they wanted to do something for the victims of the terrorist attacks, as well as boost morale at the clinic.

The event was publicized at the hospital via e-mail and flyers.

Patients and staff alike contributed money or food to the cause.

"Everyone got a chance to participate," said HM2 (FMF) Vondale Reynolds. "This is part of the healing process. As a close-knit family network, we try our best to take care of each other physically, mentally and spiritually."

"It's just our way of helping out - to show support," said HM2 Faye Richardson.

"With events like this there's no rank," said LTJG Guy McCloud, MSC, who gave the benediction at the event. "We're all in this together in remembrance of the events that brought us to this point. From the captain helping with balloons, to the junior corpsman helping out, that's where we are right now."

Part of the celebration included a "pie in the eye" event. Prior to the celebration, staff members voted on their top choices to receive a pie in their face. The top three choices were HMCS (SW) Mark Williamson, CAPT Denny McClain, MC, and HM2 Jeff Klimzack.

Everyone was given the opportunity to place a bid in a form of auction, and the high bidder gave the lucky winner a pie in the eye. However, there was a catch. If the pie had a cherry in it, the bidder received a pie back in their face.

All proceeds from the event went to the committee, with part of the money going to the American Red Cross.

"We hope to maintain a high level of awareness and celebration," said LT Dale Ramirez, NC.

The committee won the Andrew Stinson Award for equal opportunity in June, taking top honors in the small command category.

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MN013906. Rota Trains With Royal Moroccan Navy

By ENS Richard Gilliard Jr., MSC, U.S. Naval Hospital Rota

Rota, Spain - U.S. Naval Hospital Rota was part of the first medical exercise between the U.S. Navy and the Royal Moroccan Navy. The exercise lasted one week and was held at the First Royal Moroccan Navy Base, Casablanca, Morocco.

The training exercise provided medical training covering emergency medical procedures, bilateral familiarization of each Navy's mass casualty management, and operating procedures for mass casualties. The exercise also provided hands-on emergency trauma medical training.

Fourteen personnel, including four physicians, three nurses, six corpsmen, and a medical planner, were part of the Rota team.

Communication between the two forces was a challenge but French and English interpreters assisted.

"Despite language barriers, we experienced lively and profitable discussions," said CDR John P. Clayton, MC, the mission's commander.

The exercise climaxed with a mock mass casualty drill held on the Moroccan Navy ship DU BDC Sidi Mohammed Ben Abdallah. Representatives of the Royal Moroccan Army and Marines attended as well members of the Civilian Protection and Medical Service Inspection Office.

"The Royal Moroccan Navy and the civilians were pleased and impressed with the training", said LT Gerry Cruz, MSC, operations officer.

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MN013907. Bremerton Independent Duty Corpsmen Triage Traffic Jam

By Judith Robertson, Naval Hospital Bremerton

Bremerton, Wa. - Like most Navy facilities world-wide, the events of Sept. 11 meant increased security and restricted base access for staff and patients alike. Cars wrapped back from the gate and snaked up the drive.

Hospital officials concern went beyond automobiles. The hospital's executive team huddled to discuss patient safety. They knew that somewhere in that line of cars could, quite literally, be a heart attack waiting to happen. From experience, health care professionals knew that people experiencing chest pains or other serious symptoms, often drive themselves to the hospital. They realized that someone with an acute condition could be in distress -- and waiting in that line.

That's when HMCS Roger Campanelli raised his hand.

"Give it to us," he said.

While security forces inspected under hoods, in trunks, briefcases and bags, HMs trained as independent duty corpsmen took their skills to the traffic jam, checking the well being of people inside those vehicles. Individuals with emergent needs were moved to the head of the traffic line.

"We were like Wal-Mart greeters," Campanelli said. "You know -- 'welcome to the hospital. How can we help?'"

According to HMCS Michael Slentz, one of the IDCs working the traffic line, some of the emergencies they dealt with include a woman in labor, a child with a 103.6 temperature, and an ambulance escorting a man with chest pain.

Slentz, the IDC program manager, said they've learned a lesson from the results of increased security.

"I've established a special IDC Front Gate watchbill that will go into effect whenever the commanding officer, executive officer and command master chief determine that a back-up at the gate has created a potentially hazardous situation for our patients," he said.

If that occasion arises again, the IDC, HMCS Michael Slentz, Lonny Coleman, Roger Campanelli and Brad Lipert and HMC Dan Ackerman, will be out there again doing their own "surveillance" right alongside the security crews.

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MN013908. Cowan Signs Occupational Safety and Health Policy

VADM Michael L. Cowan, MC, Chief of the Bureau of Medicine and Surgery, released his Occupational Safety and Health Policy last month, stating that BUMED must be leaders in the effort to reduce needless, preventable suffering by assuring the safest possible environment for patients, staff and visitors.

The policy is on the Bureau of Medicine and Surgery Intranet.

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MN013909. TRICARE for Life Starts on Schedule

By Sgt. 1st Class Kathleen T. Rhem, USA, American Forces Press Service

Arlington, Va. - TRICARE for Life kicked off on schedule Oct. 1, adding 1.5 million new beneficiaries to the military's healthcare system.

"This benefit ... is helping to restore trust in our government," said David Chu, undersecretary of defense for personnel and readiness, in a ceremony at the TRICARE Management Activity here. "The introduction of this benefit today reaffirms the determination of Congress and the commitment of the Department of Defense to service members of today and of yesterday."

Officials believe there may be glitches but that they'll be fixed as soon as they're identified. "I am anticipating an electronic bump here and there," said Dr. J. Jarrett Clinton, acting assistant secretary for health affairs. "But I know now we have people who take care of electronic bumps."

That TRICARE for Life began on schedule in spite of the national tragedies of Sept. 11 speaks highly of the people who work for TRICARE, Chu said. "This is a new day for the entire military health system and a great one, and I salute each of you," he said to the TRICARE employees at the

ceremony.

It also makes the American people realize how much they depend on their military services. "This last month has made us realize the sacrifices that our military members and (DoD) civilians make toward maintaining a democracy," Clinton said.

Officials believe the TRICARE for Life program will send a message that will help recruiting and retention as well.

"This is a magnificent benefit, and we believe it will do a great deal to both recruit and ... retain those people who we so desperately need and rely upon to maintain this nation of democracy and freedom," Clinton said.

TRICARE for Life extends TRICARE benefits to military retirees who are over age 65 and Medicare-eligible. The fiscal 2001 defense authorization act extended coverage to this previously ineligible group.

For eligible retirees and their spouses who are over age 65 and enrolled in Medicare Part B, TRICARE will become a second payer to Medicare starting Oct. 1. This will end their need to pay many out-of-pocket expenses, and most will probably conclude they no longer need to buy "Medigap" supplemental insurance, TRICARE officials said.

The only requirements for beneficiaries are that they ensure the accuracy of their enrollment information in the Defense Eligibility Enrollment Reporting System and that they be enrolled in Medicare Part B.

All but about 70,000 of the 1.5 million retirees eligible for TRICARE for Life are enrolled in Medicare Part B, said Steve Lillie, TRICARE's director of over-65 benefits.

Medicare's next general enrollment period is January through March 2002.

Beneficiaries with questions should call the newly expanded TRICARE for Life center at toll-free 1-888-DOD-LIFE (1-888-363-5433) or visit the TRICARE Web site at www.tricare.osd.mil.

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MN013910. Healthwatch: Reye's Syndrome: Know the Symptoms

By Aveline V. Allen, Bureau of Medicine & Surgery

Your youngster's been home with the chicken pox for a week, but is on the mend - the pox are clearing up, the fever's gone, and he's definitely more chipper.

But then, a whole new set of symptoms start, including vomiting and nausea, headaches, tiredness and lethargy, moodiness, and loss of energy.

A relapse of chicken pox? Or something else?

Parents should be beware, that these symptoms, arriving a day to two weeks after such common childhood viral infections as chicken pox, flu, measles, mumps, or even a bad cold may be a sign of the first stage of Reye's syndrome, a disorder that affects all organs of the body, but mostly the liver and brain.

The onset of Reye's syndrome happens in two stages. The first includes the symptoms above. The second stages includes changes in mental and physical behavior, such as confusion, agitation, restlessness, irrational behavior, and loss of senses, which, in some cases, could lead to convulsions or coma.

Reye's syndrome most commonly affects children, and more than 90 percent of those affected are under the age of 15. But it also has been diagnosed in people as old as 59.

Although Reye's syndrome is rare, awareness of the condition has heightened, with a reported number of 50 cases per year. The National Reye's Syndrome Foundation keeps track of each case.

Studies show that taking aspirin during or after a viral illness may trigger the onset of this disease.

"Therefore, it is recommended that its use should be avoided in the pediatric population," said Navy CAPT Judy F. Morales, MC, of the Child and Adolescent Neurology Center, Walter Reed Army Medical Center, Washington, D.C.

According to Morales, there has not been a case at her center within the last 15 to 20 years.

There is no known cure for Reye's syndrome, but effective treatment can assist in reducing the effects of the disorder. Treatment is usually given in the intensive care unit of a hospital, where patient's fluids are monitored, along with their electrolytes, blood gas status, blood pressure, and other vital signs.

Early diagnosis for Reye's syndrome is vital, as it can lead to death if not diagnosed and treated properly. The National Reye's Syndrome Foundation reports that the fatality rate of those with the disease is 52 percent.

Patients have a 90 percent chance of surviving if diagnosed early. Those patients who do survive may encounter neurological abnormalities, resulting in possible mental retardation. Testing of a patient's psychological and neuropsychological conditions should be done to determine how much of impairment has been caused by the syndrome.

Reye's syndrome has often been misdiagnosed as other illnesses such as diabetes, poisoning, mental illness or drug abuse. To prevent misdiagnoses, parents should write down the specific symptoms that reflect the exact type and frequency of behaviors that have occurred. Physicians should also make sure documentation of the symptoms are recorded carefully into a patient's file in order to receive a more timely and accurate diagnosis.

"If anyone thinks they may have these symptoms and their primary care doctor is not available, they should go to the nearest emergency room right away," concludes Morales.

More information on Reye's syndrome is available through your healthcare provider, pediatrician, or the National Reye's Syndrome Foundation at 1-800-233-7393 or www.bright.net/~reyessyn

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